

Memorandum to the File - Administrative Closure

Insufficient Staffing and Mismanagement Issues
Jesse Brown VA Medical Center, Chicago, IL
(2005-02815-HI-0273)

The Department of Veterans Affairs (VA) Office of Inspector General's (OIG) Office of Healthcare Inspections (OHI) reviewed allegations by a complainant who wished to remain anonymous. The complainant alleged that assignment and use of administrative time by full-time physicians working in the General Medicine Clinics (GMCs) at the Jesse Brown VA Medical Center (referred to as medical center) and the Lakeside community-based outpatient clinic (referred to as Lakeside CBOC) were inequitable and led to staffing shortages. Furthermore, administrative time was used by physicians to conduct clinics, and this was prohibited by Title 38 regulations. Additionally, the complainant alleged that staffing shortages existed for 12 months and resulted in unnecessary risk to patients. These shortages were resolved by hiring moonlighting physicians and that adversely affected the continuity of patient care. The purpose of our review was to determine whether the allegations had merit.

We interviewed the complainant by telephone. On site, we also interviewed medical center and Lakeside CBOC managers and other clinical and administrative personnel. We reviewed medical center policies and procedures related to scheduling, quality management documents, and physicians' schedules for both GMCs for the timeframe indicated in the allegation.

Results

Assignment and use of administrative time were inequitable and led to staffing shortages. We did not substantiate that assignment and use of administrative time by full-time physicians in the GMCs at the medical center and at Lakeside CBOC were inequitable and led to staffing shortages. Administrative time is a time-keeping term used at both facilities to designate time when full-time physicians are on duty but unavailable to see scheduled patients. This time is blocked in their electronic scheduling profile so that physicians may attend meetings and handle administrative responsibilities. Administrative time is usually scheduled in 4-hour half-day blocks of time, one block per week. For 1 quarter during the 12-month timeframe covered by the complainant's allegations, one physician, working at the medical center GMC, was scheduled for two blocks of administrative time per week. This physician covered urgent care and the emergency room in addition to the already-assigned clinical responsibilities. These additional assignments carried additional administrative responsibilities, too. The supervisor created this schedule when the GMC was two physician-positions short.

During the 12-month timeframe covered by the complainant's allegations, the two GMCs had comparable and adequate staffing to treat their respective patient workloads. One medical center GMC physician was on extended leave during this entire time. Other staff physicians from both GMCs saw patients who would have normally seen this

Memorandum to the File - Administrative Closure

physician. During 1 quarter of this timeframe (the same quarter referenced in the previous paragraph), a second full-time physician resigned. It was during these 3 months that the medical center GMC experienced a temporary staffing shortage.

Use of administrative time to see patients was prohibited by Title 38. We did not substantiate that Title 38 prohibits physicians from using administrative time to see patients. While one physician was on extended leave and another resigned to work elsewhere, full-time physicians covered the clinics of the two unavailable physicians. This was done to avoid cancelling or rescheduling patient appointments. Sometimes this coverage occurred during the covering physicians' designated administrative times. Title 38 does not prohibit granting or scheduling administrative time. In fact, administrative time may be changed for specific individuals or groups of individuals when the change is in the best interests of the service.¹ The medical center GMC manager decided that it was preferable for the patients to be seen timely rather than reschedule them in order to maintain physicians' administrative time.

Staffing shortages existed for 12 months and hiring moonlighters affected the continuity of patient care. We did not substantiate that staffing shortages existed for 12 months and hiring moonlighters affected continuity of care. Although the medical center GMC had one less full-time physician available to see patients for 12 months, it was not until a second physician resigned that the GMC experienced a staffing shortage. Other staff physicians could no longer cover all clinics adequately, and moonlighting physicians were hired to temporarily fill the gap. These moonlighting physicians were internal medicine fellows (PG-4s) who had already completed some or all of their residency training at the medical center and CBOC GMCs. They were familiar with the GMCs' routines and patient populations. Rather than adversely affecting patient continuity of care, use of these moonlighters ensured that patients were seen timely by physicians who were well-trained and qualified to attend to their care. We found no evidence of lapses in care, delays in follow-up treatments, adverse outcomes, or increased patient complaints during this time.

Conclusions

We found that medical center managers took appropriate actions to ensure that:

- Assignment and use of administrative time by full-time staff physicians in the medical center and Lakeside CBOC GMCs was equitable.
- Administrative time was appropriately used.
- Temporary staffing shortages occurred during a 3-month period and were adequately addressed by hiring moonlighters, thus, ensuring continuity of patient care.

The allegations were not substantiated and do not warrant further review. This case is being closed without issuing a formal report or memorandum.

¹ VHA Directive 5011, Part II, Chapter 3, Section 2.b, page II-26, June 16, 2004.

Memorandum to the File - Administrative Closure

Prepared by: //S//
 Leslie K. Rogers
 Health Systems Specialist

 //S//
 Wachita Haywood
 Associate Director

Approved/Disapproved

 //s//
Verena Briley-Hudson
Director
Chicago Office of Healthcare Inspections
VA Office of Inspector General

Date: March 6, 2006